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CONFIRMATION NO. 6032

SERIAL NUMBER 10/690,158	FILING OR 371(c) DATE 10/16/2003 RULE	CLASS 438	GROUP ART UNIT 2891	ATTORNEY DOCKET NO. AFD 623
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APPLICANTS

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DM

** CONTINUING DATA *****

This appln claims benefit of 60/419,335 10/17/2002
 and claims benefit of 60/419,336 10/17/2002

DM

** FOREIGN APPLICATIONS *****

DM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/28/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verifier and Acknowledged	Examiner's Signature:  Initials: 		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CO	10	20	3

ADDRESS

26902

7/1/05

TITLE

OFF SUBSTRATE FLIP-CHIP APPARATUS

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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